

# PART B - ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing, below.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

## 1. CORRESPONDENCE ADDRESS

BROWDY & NEIMARK  
412 SEVENTH STREET, N.W.  
WASHINGTON DC 20004

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are enclosed

RECEIVED

OCT 17 1997

## APPLICATION NO.

## FILING DATE

## TOTAL CLAIMS

## EXAMINER AND GROUP ART UNIT

## DATE MAILED

08/104,529

08/12/93

042

RAILEY, J

1805

07/21/97

First Named Applicant

CLASSEN,

JOHN B.

TITLE OF INVENTION  
METHOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH COMMON INFECTIOUS DISEASES AND CHRONIC IMMUNE MEDIATED DISORDERS OR THEIR SEQUELAE

## ATTY'S DOCKET NO.

## CLASS-SUBCLASS

## BATCH NO.

## APPLN. TYPE

## SMALL ENTITY

## FEE DUE

## DATE DUE

1 CLASSEN1

424-201.100

P43

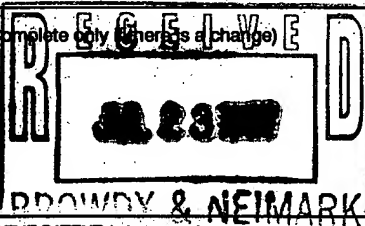
UTILITY

YES

\$645.00  
660.00

10/21/97

## 3. Correspondence address change (Complete only if there is a change)



4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Iver P. Cooper

2

3

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

### (1) NAME OF ASSIGNEE

Classen Immunotherapies Inc.

### (2) ADDRESS (CITY & STATE OR COUNTRY)

Baltimore, Maryland

### 6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

### 6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 02-4035

(ENCLOSE A COPY OF THIS FORM)

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☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signatory)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

A ☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## Certificate of Mailing

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE

Assistant Commissioner for Patents  
Washington, D.C. 20231

on: \_\_\_\_\_ (Date)

(Name of person making deposit)

(Signature)

(Date)